Maj	or Fire I	Report fro	om Installation/Gar (Report required v	rrison th within 2	ru Regions to Hi 4 hours of fire)	gher Heado	quarters
Type of Repor	t:						
From:				Thru: To:			
Date/Time of Fire:					How Reported:		
Type/Descript	ion of B	Building:		T			
Occupancy:		N	umber of Stories:		Construction:		T
Age:					Fire Loss Total of	or Partial:	
Fire Alarm Sys	stems:						
Fire Suppression Systems:							
Fire Loss: Facility: Government Conon-Government Injuries/Death	nt Cont	ents:					
Type of Invest Prepared by: CF: IMA/IMAH-OPD-E charles.t dale.mea ACSIM/DAIM-FD-F	(Name, l	E-mail, and (da.army.mil a.army.mil	Contact Number)	(Reportir (Name, F	g Official Contact Blocl Position Title, E-mail, ar	k) nd Contact Pho	one Number)